

In the United States Patent and Trademark Office



Mailed: At:
Assistant Commissioner for Patents Washington, District of Columbia 20231
Sir:
Please file the following enclosed patent application papers:
Applicant #1, Name: Jack V. Smith Other Applicant(s): Title: Method for Detection of Bromine in Urine using Liquid Chemistry, Dry Chemistry Test Pads, and Lateral Flow
(X) Specification, Claims, and Abstract: Nr. of Sheets 43(X) Declaration: Date Signed: 7/3/01
() Drawing(s): Number of Sheets Enclosed: (In Triplicate):Formal: Informal:
(X) Small Entity Declaration of Inventor(s)
() Small Entity Declaration of Non-Inventor / Assignee/Licensee
() Assignment; please record and return; recordal fee enclosed.
(x) Check for \$ 355.00 for:(X) \$ Filing Fee for filing fee (not more than three independent claims and twenty total claims are presented).
() \$ Assignment Fee Additional if Assignment is enclosed for recording.
() Return Receipt Postcard Addressed to Applicant #1.
(X) Request Under MPEP § 707.07(j): The undersigned, a pro-se applicant, respectfully requests that if the Examiner finds patentable subject matter disclosed in this application, but feels that Applicant's present claims are not entirely suitable, the Examiner draft one or more allowable claims for applicant.
Very respectfully, / /
Date: 7/3/0/
Applicant: Jack V. Smith, signature
Address: Jack V. Smith P.O. Box 156
Arden, NC 28704 Phone: 828-650-0410 / 828-650-0409
Express Mail Label #: <u>ET714137914 U5</u> ;Date of Deposit <u>7/30/01</u>

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Box Patent Application Assistant Commissioner for Patents Washington, D.C. 20231

Fee Transmittal

First-named Inventor: Jack V. Smith

Title of Invention: Method for Detection of Bromine in Urine using Liquid Chemistry, Dry Chemistry Test Pads, and Lateral Flow

Total Payment Enclosed (from Calculation Be	low):\$355.00 Check	□ Money
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Sir:

Enclosed is the following small entity filing fee for the above patent application:

Fee Code	Fee Description	Fee(\$)
214 201 206	Provisional Pat. Appn. Filing Fee Basic Utility Appn. Filing Fee Basic design Appn. Filing Fee	\$355.00
	Subtotal (1)	<u>\$355.00</u>
203 202	Total Claims: 5 - 20 = 0; 0 X 0 (fee for each claim over 20) = Tot. Indep. Claims 1 - 3 = 0; 0 X 0 (fee for each indep. claim over 3) =	
	Subtotal (2)	\$355.00

Total Payment Enclosed [Sum of Subtotals (1) and (2)]

\$355.00

Very Respectfully

Signature of Applicant

Jack V. Smith

Printed Name of Applicant

Date: 7/3/01 Address: P.O. BOX 156 Arden, NC 28704

Phone:

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